FOR BHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0040592

Facility Name: Chevy Chase Nrsg & Rehab Center

Address: 3400 South Indiana (Number) Chicago (City) 60616 (Zip Code)

County: Cook

Telephone Number: (312) 842-5000 **Fax #** (312) 842-3790

HFS ID Number: 363964686001

Date of Initial License for Current Owners: 07/01/94

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Kimberley A. Waite, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 8/3/05

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	322	Skilled (SNF)	302	114,510	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	322	TOTALS	302	114,510	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	78,402	2,813	14,117	95,332	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	78,402	2,813	14,117	95,332	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.25%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 7/1/94

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 7/1/94 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 302 and days of care provided 9,148

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	315,858	89,247	15,265	420,370		420,370		420,370			1
2	Food Purchase		460,546		460,546	(67,507)	393,039	(1,076)	391,964			2
3	Housekeeping		47,830	439,380	487,210		487,210		487,210			3
4	Laundry		12,594		12,594		12,594		12,594			4
5	Heat and Other Utilities			311,532	311,532		311,532	(14,731)	296,801			5
6	Maintenance	103,245	31,203	149,783	284,231		284,231	5,709	289,940			6
7	Other (specify):*											7
8	**TOTAL General Services**	419,103	641,420	915,960	1,976,483	(67,507)	1,908,976	(10,098)	1,898,879			8
	B. Health Care and Programs											
9	Medical Director			66,000	66,000		66,000		66,000			9
10	Nursing and Medical Records	3,236,707	209,342	208,995	3,655,044		3,655,044	(25,118)	3,629,926			10
10a	Therapy	117,430		4,244	121,674		121,674		121,674			10a
11	Activities	73,881	11,231	2,156	87,268		87,268		87,268			11
12	Social Services	285,592		2,541	288,133		288,133		288,133			12
13	CNA Training											13
14	Program Transportation			965	965		965		965			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,713,610	220,573	284,901	4,219,084		4,219,084	(25,118)	4,193,966			16
	C. General Administration											
17	Administrative	306,138		871,518	1,177,656		1,177,656	(817,932)	359,724			17
18	Directors Fees											18
19	Professional Services			101,090	101,090	(724)	100,366	(2,710)	97,656			19
20	Dues, Fees, Subscriptions & Promotions			143,830	143,830		143,830	(101,627)	42,203			20
21	Clerical & General Office Expenses	128,703	41,110	251,351	421,164		421,164	17,478	438,642			21
22	Employee Benefits & Payroll Taxes			842,340	842,340	67,507	909,847	(2,000)	907,847			22
23	Inservice Training & Education											23
24	Travel and Seminar			11,132	11,132		11,132	(1,740)	9,392			24
25	Other Admin. Staff Transportation			7,299	7,299		7,299	(1,221)	6,078			25
26	Insurance-Prop.Liab.Malpractice			475,820	475,820		475,820	7,819	483,639			26
27	Other (specify):*							41,674	41,674			27
28	**TOTAL General Administration**	434,841	41,110	2,704,380	3,180,331	66,783	3,247,114	(860,259)	2,386,855			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,567,554	903,103	3,905,241	9,375,898	(724)	9,375,174	(895,475)	8,479,699			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center #0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			197,059	197,059		197,059	147,469	344,528			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			100,996	100,996		100,996	821,495	922,491			32
33	Real Estate Taxes			(8,438)	(8,438)	724	(7,714)	445,948	438,234			33
34	Rent-Facility & Grounds			2,408,665	2,408,665		2,408,665	(2,407,975)	690			34
35	Rent-Equipment & Vehicles			6,804	6,804		6,804	4,781	11,585			35
36	Other (specify):*							143,532	143,532			36
37	**TOTAL Ownership**			2,705,086	2,705,086	724	2,705,810	(844,750)	1,861,060			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	5,339	403,332	746,547	1,155,218		1,155,218		1,155,218			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			171,765	171,765		171,765		171,765			42
43	Other (specify):*	147,650		4,078	151,728		151,728	(151,728)				43
44	**TOTAL Special Cost Centers**	152,989	403,332	922,390	1,478,711		1,478,711	(151,728)	1,326,983			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,720,543	1,306,435	7,532,717	13,559,695		13,559,695	(1,891,952)	11,667,743			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(18,858)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(133,103)	30		9
10	Interest and Other Investment Income	(147)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(136)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(8,251)	21		18
19	Entertainment	(2,361)	24		19
20	Contributions	(17,895)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(96,000)	21		24
25	Fund Raising, Advertising and Promotional	(81,420)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(293,824)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (651,995)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,239,958)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,239,958)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,891,952)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Chevy Chase Nrsg & Rehab Center

ID# 0040592

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	VA Pharmacy	$ (13,003)	10	1
2	Patient Needs	(1,898)	10	2
3	VA Concentrators	(564)	10	3
4	Bank Charges	(23,664)	21	4
5	Part B Coinsurance Write-Off	(69,921)	21	5
6	COPE Dues	(4,128)	20	6
7	Seminar	28	24	7
8	Food Rebates	(940)	02	8
9	Jury Duty Income	(69)	10	9
10	Misc. Income	(900)	21	10
11	Seminar Refund	(285)	24	11
12	Marketing Travel	(1,782)	25	12
13	Marketing Expense	(4,878)	43	13
14	Non-Allowable Fees	(765)	20	14
15	Non-Allowable Legal	(6,883)	19	15
16	Patient Clothing	(7,584)	10	16
17	Marketing Salary	(30,858)	43	17
18	Non-Allowable Employee Benefits	(2,000)	22	18
19	Non-Allowable Office	(4,985)	21	19
20	Non-Allowable Salary	(22,869)	43	20
21	Network Fees	(500)	19	21
22	Non-Allowable Salary	(86,723)	43	22
23	Non-Allowable Nucare Benefits	(253)	27	23
24				24
25				25
26				26
27				27
28				28
29				29
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99				99
100				100
101	**Total**	(293,824)		101

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(1,076)											(1,076)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(18,858)		4,127									(14,731)	5
6	Maintenance			5,709									5,709	6
7	Other (specify):*													7
8	**TOTAL General Services**	(19,934)		9,836									(10,098)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(25,118)											(25,118)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(25,118)											(25,118)	16
	C. General Administration													
17	Administrative			(817,932)									(817,932)	17
18	Directors Fees													18
19	Professional Services	(7,383)		4,673									(2,710)	19
20	Fees, Subscriptions & Promotions	(104,208)		2,581									(101,627)	20
21	Clerical & General Office Expenses	(203,721)		221,199									17,478	21
22	Employee Benefits & Payroll Taxes	(2,000)											(2,000)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(2,618)		878									(1,740)	24
25	Other Admin. Staff Transportation	(1,782)		561									(1,221)	25
26	Insurance-Prop.Liab.Malpractice			7,819									7,819	26
27	Other (specify):*	(253)		41,927									41,674	27
28	**TOTAL General Administration**	(321,965)		(538,294)									(860,259)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(367,017)		(528,458)									(895,475)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center **#** 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(133,103)	267,824	12,748									147,469	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(147)	819,896	1,746									821,495	32
33	Real Estate Taxes		442,482	3,466									445,948	33
34	Rent-Facility & Grounds		(2,408,665)	690									(2,407,975)	34
35	Rent-Equipment & Vehicles			4,781									4,781	35
36	Other (specify):*		143,532										143,532	36
37	TOTAL Ownership	(133,250)	(734,931)	23,431									(844,750)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(151,728)											(151,728)	43
44	TOTAL Special Cost Centers	(151,728)											(151,728)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(651,995)	(734,931)	(505,027)									(1,891,952)	45

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Chevy Chase Assoc		Building Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	32	Interest	$ 647	Chevy Chase Associates	100.00%	$ 820,543	$ 819,896	1
2	V	34	Rent	2,408,665	Chevy Chase Associates	100.00%		(2,408,665)	2
3	V	30	Depreciation		Chevy Chase Associates	100.00%	267,824	267,824	3
4	V	33	Real Estate Tax		Chevy Chase Associates	100.00%	442,482	442,482	4
5	V	36	MIP Expense		Chevy Chase Associates	100.00%	143,532	143,532	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 2,409,312			$ 1,674,381	$ * (734,931)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 4,127	$ 4,127	15
16	V	6	REPAIRS AND MAINT.				5,709	5,709	16
17	V	17	ADMINISTRATIVE - NON-OWNER				30,338	30,338	17
18	V	19	PROFESSIONAL FEES				4,673	4,673	18
19	V	20	FEES SUBSCRIPTIONS				2,581	2,581	19
20	V	21	CLERICAL & GENERAL				221,199	221,199	20
21	V	24	SEMINARS AND EDUCATION				878	878	21
22	V	25	ADMIN. STAFF TRAVEL				561	561	22
23	V	26	INSURANCE				7,819	7,819	23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.				38,623	38,623	24
25	V	30	DEPRECIATION				12,748	12,748	25
26	V	32	INTEREST EXPENSE				1,746	1,746	26
27	V	33	REAL ESTATE TAX				3,466	3,466	27
28	V	34	BUILDING RENT				690	690	28
29	V	35	EQUIPMENT RENTAL				4,781	4,781	29
30	V	17	ADMIN. - R. HARTMAN				6,332	6,332	30
31	V	17	ADMIN. - B. CARR				16,916	16,916	31
32	V	17	ADMIN. - D. HARTMAN						32
33	V	27	EMP. BEN. - R. HARTMAN				2,154	2,154	33
34	V	27	EMP. BEN. - B. CARR				1,150	1,150	34
35	V	27	EMP. BEN. - D. HARTMAN						35
36	V								36
37	V	17	MANAGEMENT FEES	871,518				(871,518)	37
38	V								38
39	Total			$ 871,518			$ 366,491	$ * (505,027)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Comensation	$ 66,651	Diamond Insurance	100.00%	$ 66,651	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 66,651			$ 66,651	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	60.75%	See Attached	2.53	5.10%	Allocated	$ 6,332	17-7	1
2	Barry Carr	Owner	Administrative	4.75%	See Attached	6.33	12.70%	Allocated	16,916	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 23,248		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 7257 N. LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	904,250	11	$ 32,587	$	114,510	$ 4,127	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	904,250	11	45,083		114,510	5,709	2
3	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	904,250	11	239,568	232,849	114,510	30,338	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	904,250	11	36,902		114,510	4,673	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	904,250	11	20,379		114,510	2,581	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	904,250	11	1,746,738	1,454,049	114,510	221,199	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	904,250	11	6,935		114,510	878	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	904,250	11	4,428		114,510	561	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	904,250	11	61,742		114,510	7,819	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	904,250	11	304,996		114,510	38,623	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	904,250	11	100,669		114,510	12,748	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	904,250	11	13,784		114,510	1,746	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	904,250	11	27,371		114,510	3,466	13
14	34	BUILDING RENT	AVAIL. CENSUS DAYS	904,250	11	5,450		114,510	690	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	904,250	11	37,756		114,510	4,781	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	20	11	50,000	50,000	3	6,332	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	50	11	133,580	133,580	6	16,916	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	40	2	4,069	4,069			18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	20	11	17,006		3	2,154	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	50	11	9,079		6	1,150	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	40	2	4,925				21
22										22
23										23
24										24
25	TOTALS					$ 2,903,047	$ 1,874,548		$ 366,491	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd, Suite 105
City / State / Zip Code: Northbrook, IL 60062
Phone Number: (847) 559-1002
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation			$	$		$ 66,651	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 66,651	25

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	HUD Loan Payable		X	Mortgage			$	$ 15,946,914			$ 820,547	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Shareholder Loan		X	Working Capital	Interest Only			1,825,000			100,996	6
7	Alloc Nucare Services Corp										1,742	7
8	See Supplemental Schedule											8
9	TOTAL Facility Related						$	$ 17,771,914			$ 923,285	9
	B. Non-Facility Related*											
10	Interest Income		X								(147)	10
11	Alloc Chevy Associates										(647)	11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						$	$			$ (794)	14
15	TOTALS (line 9+line14)						$	$ 17,771,914			$ 922,491	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 145,532 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8							$	$			$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.	***Important*** **,** please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 438,298	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 428,998	2
3. Under or (over) accrual (line 2 minus line 1).		$ (9,300)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 446,809	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$ 724	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND** $ 2,171 **For** 93-95 **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 438,233	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	445,285	8
	2001	456,866	9
	2002	461,988	10
	2003	416,285	11
	2004	425,532	12

Accrual is per client record.

Allocated from Nucare = 2912

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Chevy Chase Nrsg & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	17-34-119-048-0000	Long Term Care Property	$ 141,453.99	$ 141,453.99
2.	17-34-119-049-0000	Long Term Care Property	$ 284,078.31	$ 284,078.31
3.	10-27-319-028-0000	Home Office	$ 22,998.06	$ 2,912.37
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 448,530.36	$ 428,444.67

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Chevy Chase Nrsg & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2005.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,625 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	80,457	1984	$ 240,000	1
2	7257 N. Lincoln			9,863	2
3	TOTALS	80,457		$ 249,863	3

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1994	17,938		20	897	897	10,001	9
10	Various			1995	20,890		20	1,044	1,044	11,012	10
11	Various			1996	87,605		20	4,381	4,381	41,130	11
12	Various			1997	40,122		20	2,037	2,037	17,778	12
13	Various			1998	132,735		20	6,639	6,639	48,760	13
14	Various			1999	419,788		20	20,993	20,993	131,875	14
15	Various			2000	90,604		20	4,530	4,530	24,773	15
16	Various			2001	87,248		20	4,366	4,366	19,400	16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		4,564,559	267,824		130,416	(137,408)	2,520,342	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		132,009	5,917		4,451	(1,466)	8,499	68
69	Financial Statement Depreciation			197,059			(197,059)		69
70	TOTAL (lines 4 thru 69)		$ 5,593,498	$ 470,800		$ 179,754	$ (291,046)	$ 2,833,570	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,593,498	$ 470,800		$ 179,754	$ (291,046)	$ 2,833,570	1
2	Install Cable Network	2002	1,045		20	105	105	418	2
3	Exit Signs	2002	695		20	70	70	272	3
4	Telephone Lines Svc	2002	896		20	90	90	351	4
5	Magnetic Door Holders	2002	2,322		20	232	232	890	5
6	Telephone Lines Svc	2002	1,202		20	120	120	431	6
7	Alarm System	2002	1,081		20	108	108	387	7
8	Relocate Nurse Call Sys.	2002	751		20	75	75	269	8
9	Wallpaper Border	2002	1,621		20			1,621	9
10	Smoke Damper	2002	1,145		20	115	115	382	10
11	Wallcovering	2002	1,621		20	162	162	540	11
12	Alarm System Svc.	2002	1,029		20	103	103	343	12
13	Telephone Line Svc	2002	1,197		20	120	120	399	13
14	Hi-Density Vcr System	2002	1,670		20	167	167	529	14
15	Telephone Line Svc	2002	1,432		20	143	143	442	15
16	Alarm System	2002	1,113		20	111	111	343	16
17	Elevator Repair	2002	3,740		20	374	374	1,371	17
18	Landscaping	2002	17,500		20	1,167	1,167	4,083	18
19	70 Pieces Of Lumber	2002	856		20	86	86	307	19
20	Tuckpointing	2002	2,900		20	290	290	1,039	20
21	Canopy Awning	2002	10,531		20	1,053	1,053	3,949	21
22	55 Pieces Of Lumber	2002	734		20	73	73	257	22
23	Sign And Installation	2002	2,504		20	250	250	960	23
24	Overpmt On 2001 Wallcovering	2002	(5,095)		20			(5,095)	24
25	Plumbing	2002	2,279		20	228	228	855	25
26	Painting	2002	2,985		20	299	299	920	26
27	Furnish And Install 2 Soft Starts	2003	5,000		20	500	500	1,500	27
28	Latching Alarm System	2003	1,113		20	159	159	477	28
29	Cctv To Monitor Front Lobby	2003	1,010		20	101	101	269	29
30	Cctv To Monitor Outside Patio	2003	1,331		20	133	133	344	30
31	Cctv To Monitor Staircase	2003	1,037		20	104	104	268	31
32	Wrought Iron Fence	2003	3,700		20	247	247	617	32
33	Door Detector	2003	1,630		20	163	163	394	33
34	TOTAL (lines 1 thru 33)		$ 5,666,073	$ 470,800		$ 186,702	$ (284,098)	$ 2,853,702	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,666,073	$ 470,800		$ 186,702	$ (284,098)	$ 2,853,702	1
2	Water Heater	2003	9,630		20	803	803	1,672	2
3	Latching Alarm System For Staircase	2003	1,153		20	165	165	467	3
4	Wanderguard System	2003	3,133		20	448	448	970	4
5	Tuckpointing	2003	2,800		20	280	280	840	5
6	Elevator Plate	2003	651		20	33	33	95	6
7	Hot Water Heater Ignition	2003	549		20	27	27	82	7
8	Bronze Screens	2003	550		20	28	28	80	8
9	Telephone Lines	2003	803		20	40	40	120	9
10	Telephone Lines	2003	1,222		20	61	61	163	10
11	Telephone Lines	2003	603		20	30	30	78	11
12	Shower Room Valve	2003	770		20	39	39	99	12
13	Elevator Buttons	2003	1,453		20	73	73	163	13
14	Elevator Door Detector	2003	1,400		20	70	70	152	14
15	Elevator Sills	2003	2,445		20	122	122	265	15
16	Sprinkler Valve	2003	2,100		20	105	105	236	16
17	Telephone System	2004	3,651		20	365	365	578	17
18	Telephone System	2004	782		20	78	78	111	18
19	Telephone Service	2004	2,693		20	269	269	314	19
20	Telephone System	2004	873		20	87	87	167	20
21	Fay Esformes- ?	2004	589		20	59	59	113	21
22	Dialysis Room	2004	13,543		20	1,354	1,354	2,596	22
23	Install Piping	2004	3,626		20	363	363	725	23
24	Cctv	2004	2,529		20	253	253	485	24
25	Dialysis Room	2004	7,000		20	700	700	1,283	25
26	Cctv	2004	1,825		20	182	182	334	26
27	Monitoring System	2004	1,981		20	198	198	347	27
28	Wall Cover	2004	3,971		20	397	397	629	28
29	Ceiling Tiles	2004	2,130		20	213	213	302	29
30	Ceiling Tiles	2004	1,929		20	193	193	225	30
31	Compressor	2004	2,466		20	247	247	370	31
32	Monitoring System	2004	834		20	83	83	118	32
33	Electric Lines	2004	15,200		20	1,520	1,520	1,900	33
34	TOTAL (lines 1 thru 33)		$ 5,760,957	$ 470,800		$ 195,587	$ (275,213)	$ 2,869,781	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 5,760,957	$ 470,800		$ 195,587	$ (275,213)	$ 2,869,781	1
2	Concrete	2004	6,965		20	697	697	755	2
3	Windows	2004	2,891		20	289	289	361	3
4	Pressure Guard	2004	2,557		20	256	256	320	4
5	Water Booster	2004	2,160		20	216	216	234	5
6	Pressure Guard	2004	1,799		20	180	180	195	6
7	Monitoring/Telephone Service	2004	3,268		20	327	327	654	7
8	Electric Sign	2004	1,632		20	163	163	326	8
9	Nurses Station	2004	11,700		20	1,170	1,170	2,340	9
10	Sprinkler System Repair	2004	1,290		20	129	129	172	10
11	Phone Paging System	2004	3,293		20	329	329	357	11
12	Mural	2005	4,500		20	450	450	450	12
13	Window Treatment	2005	1,323		20	132	132	132	13
14	Ceiling Tile	2005	819		20	41	41	41	14
15	Ceiling Tile	2005	819		20	41	41	41	15
16	Light Fixtures	2005	2,593		20	259	259	259	16
17	Light Fixtures	2005	1,133		20	104	104	104	17
18	Ceiling Tiles	2005	1,008		20	46	46	46	18
19	Pana 40	2005	2,100		20	350	350	350	19
20	Ceiling Tiles	2005	3,820		20	191	191	191	20
21	Wallpaper	2005	24,200		20	4,033	4,033	4,033	21
22	Wallpaper	2005	13,065		20	2,178	2,178	2,178	22
23	Lighting Fixtures	2005	1,360		20	136	136	136	23
24	Soft Start	2005	3,000		20	113	113	113	24
25	Wallpaper	2005	3,818		20	636	636	636	25
26	Kitchen Cabinets	2005	990		20	55	55	55	26
27	Venetian Plaster Wallcovering	2005	1,587		20	1,190	1,190	1,190	27
28	Wallpaper	2005	2,343		20	351	351	351	28
29	Wallpaper	2005	7,460		20	995	995	995	29
30	Window Treatment	2005	2,436		20	162	162	162	30
31	Wallpaper	2005	4,400		20	660	660	660	31
32	Valve	2005	8,426		20	983	983	983	32
33	Fence	2005	2,853		20	111	111	111	33
34	TOTAL (lines 1 thru 33)		$ 5,892,565	$ 470,800		$ 212,560	$ (258,240)	$ 2,888,712	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 5,892,565	$ 470,800		$ 212,560	$ (258,240)	$ 2,888,712	1
2	Window Treatment	2005	35,385		20	2,359	2,359	2,359	2
3	Emergency Equip	2005	56,731		20	946	946	946	3
4	Railings	2005	6,158		20	411	411	411	4
5	Fence	2005	1,580		20	35	35	35	5
6	Drapery	2005	1,134		20	28	28	28	6
7	Fire Recall System	2005	12,553		20	262	262	262	7
8	Light Poles	2005	9,700		20	243	243	243	8
9	Pavement	2005	47,670		20	795	795	795	9
10	Generator	2005	15,676		20	196	196	196	10
11	Ceiling Tiles	2005	964		20	8	8	8	11
12	Carpet	2005	3,008		20	72	72	72	12
13	Window Treatment	2005	35,474		20	2,365	2,365	2,365	13
14	Air Cleaner	2005	4,265		20	853	853	853	14
15	Data Lines	2005	634		20	11	11	11	15
16	Cameras	2005	14,308		20	358	358	358	16
17	Door	2005	1,335		20	134	134	134	17
18	Ceiling Tile	2005	526		20	20	20	20	18
19	Ceiling Tile	2005	1,610		20	54	54	54	19
20	Refrigerator Door	2005	3,500		20	350	350	350	20
21	Cubical Track Sets	2005	776		20	45	45	45	21
22	Kitchen Equip Repair	2005	4,603		20	219	219	219	22
23	Drain	2005	1,600		20	40	40	40	23
24	Window Treatment	2005	536		20	13	13	13	24
25	Ceiling Tile	2005	665		20	33	33	33	25
26	Water Pump	2005	2,088		20	122	122	122	26
27	Pump	2005	746		20	31	31	31	27
28	? Allocted- Cap Per Nucare	2005	1,602		20	133	133	133	28
29	Cameras	2005	3,777		20	31	31	31	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,161,169	$ 470,800		$ 222,727	$ (248,073)	$ 2,898,879	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	322		1986	1977	$ 4,471,948	$ 267,824	35	$ 127,770	$ (140,054)	$ 2,460,255	4
5			1984	1984	92,611		35	2,646	2,646	60,087	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
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28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
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62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,564,559	$ 267,824		$ 130,416	$ (137,408)	$ 2,520,342	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			2004	2004	$ 88,770	$ 2,276	35	$ 2,536	$ 260	$ 5,390	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated Nucare Services Corp			2003	1,483	74	20	74		157	9
10	Allocated Nucare Services Corp			2004	30,115	1,506	20	1,506		2,573	10
11	Allocated Nucare Services Corp			2005	1,785	498	20	45	(453)	45	11
12											12
13	Allocated 7257 N. Lincoln Avenue, LLC			2004	1,764	998	20	88	(910)	132	13
14	Allocated 7257 N. Lincoln Avenue, LLC			2005	8,092	565	20	202	(363)	202	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
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30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 132,009	$ 5,917		$ 4,451	$ (1,466)	$ 8,499	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 883,317	$ 5,710	$ 93,443	$ 87,733	10	$ 505,242	71
72	Current Year Purchases	222,846	1,122	28,359	27,237	10	28,359	72
73	Fully Depreciated Assets	15,274				10	15,274	73
74								74
75	TOTALS	$ 1,121,437	$ 6,832	$ 121,802	$ 114,970		$ 548,875	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,532,469	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 477,632	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 344,529	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (133,103)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,447,754	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NuVision Holding
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1977	302		$ 2,408,665			3
4	Additions							4
5	Chevy Associates				(2,408,665)			5
6	Alloc Nucare				690			6
7	TOTAL		302		$ 690 **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 11,586 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 262,357	$		$ 262,357	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			78,551			78,551	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			303,486			303,486	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				305,432		305,432	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39 - 02					163		163	12
13	Other (specify): See Supplemental			5,339		102,153	97,737		205,229	13
14	TOTAL			$ 5,339		$ 746,547	$ 403,332		$ 1,155,218	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center **#** 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 751	$ 308,004	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,116,239	3,116,239	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	235,412	235,412	6
7	Other Prepaid Expenses	14,362	89,024	7
8	Accounts Receivable (owners or related parties)	318,458	318,458	8
9	Other(specify): See Attached Schedule	4,158	439,991	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,689,380	$ 4,507,128	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	1,457,810	7,083,269	15
16	Equipment, at Historical Cost	1,048,787	1,522,540	16
17	Accumulated Depreciation (book methods)	(1,319,746)	(5,530,813)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	72,483	306,927	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,259,334	$ 9,601,049	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,948,714	$ 14,108,177	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,214,195	$ 1,214,809	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(5,020)	(5,020)	28
29	Short-Term Notes Payable	1,825,000	1,825,000	29
30	Accrued Salaries Payable	453,287	453,287	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,032	28,032	31
32	Accrued Real Estate Taxes(Sch.IX-B)		446,809	32
33	Accrued Interest Payable		68,040	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	27,862	27,862	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	105,665	201,530	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,649,021	$ 4,260,349	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,946,914	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 15,946,914	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,649,021	$ 20,207,263	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,299,693	$ (6,099,086)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,948,714	$ 14,108,177	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,405,236	1
2	Restatements (describe):		2
3	See Attached	(254,743)	3
4	Rounding	(3)	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,150,490	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(850,797)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (850,797)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,299,693	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,065,913	1
2	Discounts and Allowances for all Levels	(614,697)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,451,216	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,496,952	6
7	Oxygen	1,909	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,498,861	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	603,296	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	52,669	19
20	Radiology and X-Ray	4,330	20
21	Other Medical Services	97,374	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 757,669	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	147	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 147	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,005	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,005	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,708,898	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,976,483	31
32	Health Care	4,219,084	32
33	General Administration	3,180,331	33
	B. Capital Expense		
34	Ownership	2,705,086	34
	C. Ancillary Expense		
35	Special Cost Centers	1,306,946	35
36	Provider Participation Fee	171,765	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,559,695	40
41	**Income before Income Taxes (line 30 minus line 40)****	(850,797)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (850,797)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Not Complete **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,032	2,166	$ 83,678	$ 38.63	1
2	Assistant Director of Nursing	1,071	1,118	37,233	33.30	2
3	Registered Nurses	28,676	31,664	551,812	17.43	3
4	Licensed Practical Nurses	44,963	48,207	1,118,076	23.19	4
5	CNAs & Orderlies	131,992	143,346	1,370,097	9.56	5
6	CNA Trainees					6
7	Licensed Therapist	291	291	5,339	18.35	7
8	Rehab/Therapy Aides	10,607	11,406	117,430	10.30	8
9	Activity Director	1,819	2,126	21,903	10.30	9
10	Activity Assistants	5,940	6,331	51,978	8.21	10
11	Social Service Workers	13,406	14,294	285,592	19.98	11
12	Dietician	1,201	1,721	37,254	21.65	12
13	Food Service Supervisor					13
14	Head Cook	6,802	7,647	80,513	10.53	14
15	Cook Helpers/Assistants	22,064	23,615	198,091	8.39	15
16	Dishwashers					16
17	Maintenance Workers	5,758	5,935	103,245	17.40	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	3,885	4,074	179,789	44.13	20
21	Assistant Administrator					21
22	Other Administrative	8,320	8,320	126,349	15.19	22
23	Office Manager					23
24	Clerical	8,185	8,946	128,703	14.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,469	6,125	75,811	12.38	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	6,890	6,890	147,650	21.43	33
34	TOTAL (lines 1 - 33)	309,371	334,222	$ 4,720,543 *	$ 14.12	34

SEE ACCOUNTANTS' COMPILATION REPORT

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 15,265	01-03	35
36	Medical Director	Monthly	66,000	09-03	36
37	Medical Records Consultant	Monthly	4,224	10-03	37
38	Nurse Consultant	Monthly	3,104	10-03	38
39	Pharmacist Consultant	Monthly	6,089	10-03	39
40	Physical Therapy Consultant	45	2,046	10a-03	40
41	Occupational Therapy Consultant	49	2,198	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,156	11-03	44
45	Social Service Consultant	47	2,541	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	185	$ 103,623		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	392	$ 19,590	10-03	50
51	Licensed Practical Nurses	5,677	175,988	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6,069	$ 195,578		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Barbara Casey	Administrator	0	$ 88,912
Farhat Sharif	Executive Dir	0	90,877
Kathleen Brander	Dir of Reg Mgmt	0	18,122
Marilyn Flaherty	VP of MC Reimb	0	21,054
Jennifer Bebinger	Alz Unit Director	0	19,015
William Prather	Executive Dir	0	35,871
Gerry Jennich	CEO	0	32,287
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 306,138

B. Administrative - Other

Description	Amount
Nucare Services Corp - Management Fees	$ 871,518
TOTAL (agree to Schedule V, line 17, col. 3)	$ 871,518
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
FR&R	Accounting	$ 22,835
CC Communications	Computer Services	548
CDW	Computer Services	2,835
Emdeon Business Services	Consulting	604
Giftrap	Computer Services	5,222
HDSI	Computer Services	9,448
PSD Solutions	Computer Services	7,640
CarePath - Adj Page 5	Network Fees	500
Personnel Planners	Unemployment Consulting	5,751
Purchasing Plus	Purchasing Services	600
Glenn Simon	Interior Design Consultant	3,752
See Supplemetal Schedule		41,355
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 101,090

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 66,651
Unemployment Compensation Insurance	134,343
FICA Taxes	336,825
Employee Health Insurance	182,130
Employee Meals	67,507
Illinois Municipal Retirement Fund (IMRF)*	
Employee Benefits	68,663
401K Matching	5,893
Union Pension Benefits	38,075
Chicago Head Tax	7,760
TOTAL (agree to Schedule V, line 22, col.8)	$ 907,847

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 967
Advertising: Employee Recruitment	17,225
Health Care Worker Background Check	2,850
(Indicate # of checks performed 285)	
Advertising and Promotion	81,420
Licenses and Fees	3,547
Dues ICLTC	13,308
Dues and Subscriptions	1,724
Alloc Nucare Service Corp	2,581
Less: Public Relations Expense	( )
Non-allowable advertising	(81,420)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 42,202

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	8,514
Alloc Nucare Services Corp	878
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 9,392

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center # 0040592 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Center **#** 0040592 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **ICLTC-$13308**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **Yes** If YES, what is the capacity? **302**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **19,637** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? **X** YES ____ NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES **X** NO ____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Chevy Chase Nursing Center, #0034892, 7/1/1994

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **171,765**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? ____ For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **67,507** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% ln 14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. $ ____

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: ____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? ____ If no, please explain. ____

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.